


ORI NUMBER: OH0120000		INCIDENT NUMBER: 09-1220		REPORT DATE: 03/12/2009 14:44:00		PAGE: 1					
 <b>Clark County Sheriff's Office</b> <b>OHIO UNIFORM INCIDENT REPORT</b>											
ADMINISTRATIVE	AGENCY NAME: Clark County Sheriff's Office				INCIDENT NUMBER: 09-1220						
	[REDACTED]				CLEARANCE: [REDACTED]						
	TOD: 03/13/2009 16:00:00		<input type="checkbox"/> INCIDENT (NON-CRIMINAL) <input checked="" type="checkbox"/> OFFENSE		D - Victim Refused To Cooperate						
	TOA: 03/13/2009 16:00:00				CLEARANCE DATE: 04/24/2009						
	TOC:		CLEARED BY: 55 - DET. DEB STRILECKY								
	REPORT DATE/TIME		INCIDENT OCCURRED FROM		INCIDENT OCCURRED TO						
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME				
03	12	2009	14:44:00	06	01	2008	08:00:00	08	31	2009	23:00:00

VICTIM	*NO. 1		TOTAL VICTIMS: 1		*VICTIM TYPE: Individual	
	NAME (Last, First, Middle): Juvenile Male,					
	ADDRESS (Street, Apt., City, State, Zip):					HOME PHONE:
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip):					PHONE:
	AGE: 10		SEX: M - Male	*RACE: Black		*ETHNICITY: Unknown
	D.O.B: 1996					
	HGT:		WGT:	HAIR:		EYES: U - Unknown
	OCCUPATION:		SSN:	*RESIDENT STATUS: Resident		
	VICTIM INJURED: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		IF INJURED, DESCRIBE INJURIES:			
	*AGG. ASSAULT/HOMICIDE CIRC:		*VICTIM/SUSPECT RELATIONSHIP: U - Unknown		*VICTIM/OFFENSE LINK:	
	JUSTIFIABLE HOMICIDE CIRC:					
	OFFICER CIRCUMSTANCE:					
OFFICER ASSIGNMENT TYPE:						
OFFICER ORI:						
My signature verifies that the information on this report is accurate and true					DATE:	

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NAME / DESCRIPTIVES	*NO. 1		ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		CATEGORY: 1 - Suspect		CHARGES FILED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	NAME (Last, First, Middle): Stout, William						SSN: [REDACTED]	
	ALIAS:				GANG AFFILIATION:			
	ADDRESS 2816 Oxford Drive, , Springfield, OH, 45506 (Street, Apt., City, State, Zip):						HOME PHONE: (937) 765-9953	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip):						PHONE:	
	PLACE OF BIRTH:			DL#/STATE: RQ712103/Ohio		OCCUPATION/SCHOOL:		
	*AGE/ 43		*SEX: M - Male		*RACE: W - White		*ETHNICITY: - Unknown	
	*D.O.B.: [REDACTED] 1964		*HEIGHT: 6'		*WEIGHT: 220		*HAIR: BRN - Brown	
							*EYES: GRN - Green	
	SUSPECTED OF USING: <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS			MARITAL STATUS: U - Unknown			*RESIDENT STATUS: Resident	
SCARS, MARKS, TATOOS:								
ADDITIONAL DESCRIPTION:								
POTENTIAL INJURIES?								

REPORTER	NO. 1	NAME (Last, First, Middle): Children Services, Clark County		AGE 0		SSN:	
			D.O.B.:				
	ADDRESS Springfield, OH, 45504 (Street, Apt., City, State, Zip):					HOME PHONE: (937) 327-3731	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip):					PHONE:	
STATEMENTS OBTAINED: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input checked="" type="checkbox"/> OTHERS							

NARRATIVE	NARRATIVE:		
	On March 12, 2009 it was reported to Clark County Children Services, suspect William Stout inappropriately touched a twelve (12) year old boy and had that boy sleep in his bed with him. This incident reportedly occurred at the suspect's home last summer.		
REPORTING OFFICER:		BADGE NO.:	DATE: